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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>   |  | Attorney Docket No   |  | 500.41086X00   |                |  |  |
|   |  | First Inventor   |  | YOKOYAMA, ATSUSHI  |                |  |  |
|   |  | Title  | ELECTRICALLY DRIVEN BRAKE DEVICE AND CONTROL APPARATUS THEREOF |  |                |  |  |
|   |  | Express Mail Label No  |  |  |                |  |  |
| <b>APPLICATION ELEMENTS</b>   |  |  |  | <b>ADDRESS TO:</b>   |                |  |  |
| SEE MPEP chapter 600 concerning utility patent application contents.  |  |  |  | Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |                |  |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27</p><p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages: 48]</span><br/><small>(preferred arrangement set forth below)</small><br/>-Descriptive title of the invention<br/>-Cross Reference to Related Applications<br/>-Statement Regarding Fed sponsored R &amp; D<br/>-Reference to sequence listing, a table, or a computer program listing appendix<br/>-Background of the Invention<br/>-Brief Summary of the Invention<br/>-Brief Description of the Drawings (if filed)<br/>-Detailed Description<br/>-Claim(s)<br/>-Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Pages: 6]</span></p><p>5. Oath or Declaration <span style="float: right;">[Total Pages: 5]</span><br/>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/><small>(for continuation/divisional with Box 18 completed)</small><br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s)<br/>Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. Nucleotide and/or Amino Acid Sequence Submission <i>if applicable, all necessary</i><br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or<br/>ii. <input type="checkbox"/> paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div> |  |  |  |  |                |  |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |  |  |  |                |  |  |
| <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br/><small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other <b>SEE ADDENDUM</b></p>  |  |  |  |  |                |  |  |
| <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____</p> <p>Prior application information: Examiner: _____ Group Art Unit: _____</p> <p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. <b>The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</b></p>  |  |  |  |  |                |  |  |
| <b>19. CORRESPONDENCE ADDRESS</b>   |  |  |  |  |                |  |  |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label   |  | 020457<br><small>(Insert Customer No. or Attach bar code label here)</small> |  | <input type="checkbox"/> Correspondence address below                                |                |  |  |
| Name  |  | ANTONELLI, TERRY, STOUT & KRAUS, LLP   |  |  |                |  |  |
| Address   |  |  |  |  |                |  |  |
| City  |  | State  | Zip Code   |  |                |  |  |
| Country   |  | Telephone  | (703) 312-6600   | Fax  | (703) 312-6666 |  |  |
| Name  |  | Melvin Kraus   |  | Registration No. (Attorney/Agent)  |                |  |  |
| Signature   |  |  |  | Date   |                |  |  |
|   |  |  |  | JANUARY 17, 2002   |                |  |  |

Please type a plus sign (+) inside this box →

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL (ADDENDUM)</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | <i>Attorney Docket No.</i>    |   | <b>500.41086X00</b>      |
|  | <i>First Inventor</i>         |   | <b>YOKOYAMA, ATSUSHI</b> |
|  | <i>Title</i>                  | <b>ELECTRICALLY DRIVEN BRAKE DEVICE AND CONTROL<br/>APPARATUS THEREOF</b> |                          |
|  | <i>Express Mail Label No.</i> |   |                          |

**INFORMATION DISCLOSURE SHEET UNDER 37 CFR. 1.56 W/ REFS.**

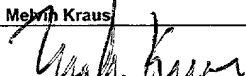
**FIGS. 1-6**

**CREDIT CARD PAYMENT FORM**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 0;"><i>Patent fees are subject to annual revision.</i></p>   |                       |                       |                       | <b>Complete if Known</b>   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
|--|-----------------------|-----------------------|-----------------------|--|--------------|-------------------|----------|----------------|-----------------------|-----------------------|-----------------------|---------------------|----------|-----|-----|--------------------|-----|-------------------------------------|--------|---|-----|-----|-----|--|----------------|-----------------------|-----------------------|-----------------|----------|---------------------------|----|-----|-------|------------------------|-------|--|----|-----|------|-----------------------------------|------|---|-----|--------------|--------|---------------------------------------|--------|---|--------|-----|-----|--|----|--|----|-----|-----|--|-----|---|--|-----|-----|-----|------|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|-------------------|--|--|--|--|--|
|  |                       |                       |                       | Application Number   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
|  |                       |                       |                       | Filing Date  |              | January 17, 2002  |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
|  |                       |                       |                       | First Named Inventor   |              | YOKOYAMA, ATSUSHI |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
|  |                       |                       |                       | Examiner Name  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
|  |                       |                       |                       | Group Art Unit   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT  |                       |                       |                       | (\$)   |              | 780.00            |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| METHOD OF PAYMENT  |                       |                       |                       | FEE CALCULATION (continued)  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:<br/>         Deposit Account Number 01-2135<br/>         Deposit Account Name Antonelli, Terry, Stout &amp; Kraus, LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant Claims small entity status See 37 CFR 1.27</p> |                       |                       |                       | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examination action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="6" style="text-align: right;">SUBTOTAL (3) (\$)</td></tr> </tbody> </table> |              |                   |          | Fee Code       | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description     | Fee Paid | 105 | 130 | 205                | 65  | Surcharge - late filing fee or oath |        | 127   | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |                | 139                   | 130                   | 139             | 130      | Non-English specification |    | 147 | 2,520 | 147                    | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 112 | 920* | 112                               | 920* | Requesting publication of SIR prior to Examination action |     | 113          | 1,840* | 113                                   | 1,840* | Requesting publication of SIR after Examiner action |        | 115 | 110 | 215  | 55 | Extension for reply within first month |    | 116 | 400 | 216  | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460  | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 740 | 246 | 370 | For each additional invention to be examined (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | SUBTOTAL (3) (\$) |  |  |  |  |  |
| Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid     |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 105  | 130                   | 205                   | 65                    | Surcharge - late filing fee or oath  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 127  | 50                    | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 139  | 130                   | 139                   | 130                   | Non-English specification  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 147  | 2,520                 | 147                   | 2,520                 | For filing a request for <i>ex parte</i> reexamination   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 112  | 920*                  | 112                   | 920*                  | Requesting publication of SIR prior to Examination action  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 113  | 1,840*                | 113                   | 1,840*                | Requesting publication of SIR after Examiner action  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 115  | 110                   | 215                   | 55                    | Extension for reply within first month   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 116  | 400                   | 216                   | 200                   | Extension for reply within second month  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 117  | 920                   | 217                   | 460                   | Extension for reply within third month   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 118  | 1,440                 | 218                   | 720                   | Extension for reply within fourth month  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 128  | 1,960                 | 228                   | 980                   | Extension for reply within fifth month   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 119  | 320                   | 219                   | 160                   | Notice of Appeal   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 120  | 320                   | 220                   | 160                   | Filing a brief in support of an appeal   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 121  | 280                   | 221                   | 140                   | Request for oral hearing   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 138  | 1,510                 | 138                   | 1,510                 | Petition to institute a public use proceeding  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 140  | 110                   | 240                   | 55                    | Petition to revive - unavoidable   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 141  | 1,280                 | 241                   | 640                   | Petition to revive - unintentional   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 142  | 1,280                 | 242                   | 640                   | Utility issue fee (or reissue)   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 143  | 460                   | 243                   | 230                   | Design issue fee   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 144  | 620                   | 244                   | 310                   | Plant issue fee  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 122  | 130                   | 122                   | 130                   | Petitions to the Commissioner  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 123  | 50                    | 123                   | 50                    | Processing fee under 37 CFR 1.17(q)  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 126  | 180                   | 126                   | 180                   | Submission of Information Disclosure Stmt  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 581  | 40                    | 581                   | 40                    | Recording each patent assignment per property (times number of properties)   | 40.00        |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 146  | 740                   | 246                   | 370                   | For each additional invention to be examined (37 CFR § 1.129(a))   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 149  | 740                   | 249                   | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 179  | 740                   | 279                   | 370                   | Request for Continued Examination (RCE)  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 169  | 900                   | 169                   | 900                   | Request for expedited examination of a design application  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| Other fee (specify) _____  |                       |                       |                       |  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| SUBTOTAL (3) (\$)  |                       |                       |                       |  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |                       |                       |                       | <p>2. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td>740.00</td></tr> </tbody> </table>  |              |                   |          | Large Fee Code | Large Fee (\$)        | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description     | Fee Paid | 101 | 740 | 201                | 370 | Utility filing fee                  | 740.00 | 106   | 330 | 206 | 165 | Design filing fee                                      |                | 107                   | 510                   | 207             | 255      | Plant filing fee          |    | 108 | 740   | 208                    | 370   | Reissue filing fee                                     |    | 114 | 160  | 214                               | 80   | Provisional filing fee                                    |     | SUBTOTAL (1) |        |                                       |        |   | 740.00 |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| Large Fee Code   | Large Fee (\$)        | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid     |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 101  | 740                   | 201                   | 370                   | Utility filing fee   | 740.00       |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 106  | 330                   | 206                   | 165                   | Design filing fee  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 107  | 510                   | 207                   | 255                   | Plant filing fee   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 108  | 740                   | 208                   | 370                   | Reissue filing fee   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 114  | 160                   | 214                   | 80                    | Provisional filing fee   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| SUBTOTAL (1)   |                       |                       |                       |  | 740.00       |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| <p>1. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>9 -20**</td><td>=</td><td>x</td><td>=</td></tr> <tr><td>Indep. Claims 3-3**</td><td>=</td><td>x</td><td>=</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td>=</td></tr> </tbody> </table>             |                       |                       |                       | Total Claims   | Extra Claims | Fee from below    | Fee Paid | 9 -20**        | =                     | x                     | =                     | Indep. Claims 3-3** | =        | x   | =   | Multiple Dependent |     |                                     | =      | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2) \$</td><td>0.00</td></tr> </tbody> </table> |     |     |     | Large Fee Code   | Large Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 103                       | 18 | 203 | 9     | Claims in excess of 20 |       | 102  | 84 | 202 | 42   | Independent claims in excess of 3 |      | 104   | 280 | 204          | 140    | Multiple dependent claim, if not paid |        | 109   | 84     | 209 | 42  | ** Reissue independent claims over original patent |    | 110                                    | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) \$                         |  |     |     |     | 0.00 |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| Total Claims   | Extra Claims          | Fee from below        | Fee Paid              |  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 9 -20**  | =                     | x                     | =                     |  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| Indep. Claims 3-3**  | =                     | x                     | =                     |  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| Multiple Dependent   |                       |                       | =                     |  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| Large Fee Code   | Large Fee (\$)        | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid     |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 103  | 18                    | 203                   | 9                     | Claims in excess of 20   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 102  | 84                    | 202                   | 42                    | Independent claims in excess of 3  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 104  | 280                   | 204                   | 140                   | Multiple dependent claim, if not paid  |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 109  | 84                    | 209                   | 42                    | ** Reissue independent claims over original patent   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
| 110  | 18                    | 210                   | 9                     | ** Reissue claims in excess of 20 and over original patent   |              |                   |          |                |                       |                       |                       |                     |          |     |     |                    |     |                                     |        |   |     |     |     |  |                |                       |                       |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |   |     |              |        |                                       |        |   |        |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |      |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                   |  |  |  |  |  |
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